

MORRIS INSURANCE AGENCY, INC.
P O BOX 1311, LEESVILLE, LA 71496-1311
OFFICE: (337) 238-0361, FAX: (337) 238-0371

QUOTE SHEET

Logan O. Morris, Producer, loganm@morrissla.com
Debby L. Franca, Commercial Lines Supervisor, debbyf@morrissla.com
Donna McDaniel, Personal & Commercial, donnam@morrissla.com

Today's Date: _____ Effective Date Requested: _____

Business Name: _____ SSN/FEIN: _____

Address: _____

City/State/Zip: _____ Parish: _____

Phone #: _____ Fax #: _____ Cell #: _____

Email: _____ Contact: _____ Title: _____

* * * * *

Business Type: _____ Corporation _____ LLC _____ Individual _____ Partnership

(check one) _____ Joint Venture _____ Other: _____

#Years in Business(under current name) : _____ # Years Experience(of applicant): _____

Location: _____ How long? _____

No. Employees Full-time: _____ Part-time: _____ Annual Gross Receipts: _____

Description of All Operations :

1.) Type of Work : _____ Gross Receipts: _____

2.) Type of Work : _____ Gross Receipts: _____

3.) Type of Work : _____ Gross Receipts: _____

4.) Type of Work : _____ Gross Receipts: _____

* * * * *

Current Insurance Company: _____ How long? _____

Current Premium: _____

Coverage declined, cancelled or non-renewed in the last 3 years? _____ No _____ Yes

Describe:

Describe all losses in the last 5 years:

Current Premium, if applicable: _____

PROPERTY / BUILDING / CONTENTS

BUILDING 1.) Address: _____

Building Sq. Ft. _____ Yr. Built _____ Building Limit Requested: _____

Construction Type: _____ Content/ Bus. Personal Prop. Limit: _____

Year Roof Updated _____ Year Wiring Updated _____ Year Plumbing Updated _____

BUILDING 2.) Address: _____

Building Sq. Ft. _____ Yr. Built _____ Building Limit Requested: _____

Construction Type: _____ Content/ Bus. Personal Prop. Limit: _____

Year Roof Updated _____ Year Wiring Updated _____ Year Plumbing Updated _____

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ADDITIONAL INSURED/INTEREST or LOSS PAYEE's

1.) Name: _____
Address: _____
Type: _____

2.) Name: _____
Address: _____
Type: _____

3.) Name: _____
Address: _____
Type: _____